

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 12 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No.

27498

3156

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2010 Kansas Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Maude Alberta O'Connell

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Matt O'Connell 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Penn. Sept 10, 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Chas. A. Richardson

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Matt O'Connell

(b) Address 2010 Kansas Ave.

17. (a) Cremation (b) Date thereof 8-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 9918 Brooklyn

19. (a) 8/22/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2010 Kansas Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1941 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from June 1941 to Aug 1941
that I last saw her alive on Aug 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to arteriosclerosis + severe hypertension
Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work (e) Means of injury

23. Signature David Montz (M. D. or other) D
Address 202 N. Main St. Bldg. 2 Date signed 8-19-41

Dr. 0848

7 Minn.

2:30 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No. 4179

P. O. Address K. C. Mead

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.